

LONG TERM CARE INSURANCE

Do you have a long term care insurance policy? YES NO

If yes, does the plan cover: (please check all that apply)

Nursing Home Home Health Care Assisted Living Other

Name of the Insurance Company: _____

Policy Limits: (daily coverage totals for each type)

\$ _____ Nurse Home \$ _____ Home Health Care

\$ _____ Assisted Living \$ _____ Other

If you have a long term care insurance policy, please include a copy of it with this application.

All applications must be returned with photo copies of the past three months statements of Checking Accounts, Savings Accounts, Stocks, Bonds, CD's, Annuities, Checks, Pensions, Estimated Value of Real Estate Properties, Cash Value of Life Insurance Policies, one year of tax returns, and Social Security award letter.

If the applicant is accepted to Caritas House Assisted Living, an annual financial update letter will be required.

I hereby declare that the above identified sources in income, assets, and medical expenses are accurate and represent ALL my sources of income to date. If any significant changes to the above are made the applicant will notify the Caritas House Assisted Living administration.

Name of Applicant

Signature of Applicant

Name of Person Completing Application

Date

Please return this form and photocopies of statements to:

Caritas House Assisted Living
3308 Benson Avenue
Baltimore, MD 21227

